

Exhibit 2

CLAIM FORM FOR BENTLEY V. UNITED OF OMAHA SETTLEMENT

Bentley v. United of Omaha Life Ins. Co., 15-CV-7870-DMG (C.D. Cal.)

USE THIS FORM TO MAKE A CLAIM FOR A CASH PAYMENT

The DEADLINE to submit this Claim Form is: [REDACTED], 2022

I. GENERAL INSTRUCTIONS

If you are receiving this claim form then you are a “Class Member” and entitled to make a Claim. As a Class Member, you will be entitled to a settlement payment if you complete and submit this form by the deadline above.

The amount of the settlement you will be entitled to is \$ [REDACTED]. This sum is the share of the \$3 million settlement fund you are entitled to if you complete and return this claim form in accordance with its instructions detailed below. Your settlement payment has been calculated as follows.

The total settlement amount being paid by United is \$3 million (the “Gross Settlement Amount”). The Gross Settlement Amount has been reduced by the amount of attorneys’ fees, litigation expenses, and Named Plaintiff incentive awards that the Court has approved. The remaining settlement funds after those deductions is referred to below as the “Net Settlement Amount.”

To determine what share of the Net Settlement Amount you are entitled to receive, Class Counsel added the total net death benefits and prejudgment interest owed with respect to each policy, which yielded the “Total Class Net Death Benefit and Interest Amount” for all class members. Each policy’s prejudgment interest amount, was calculated with reference to the time period when the policyholder died and the date of the final judgment (March 2020). The net death benefit plus prejudgment interest associated with the policy to which you are a beneficiary, was then divided by the Total Class Net Death Benefit and Interest Amount. This calculation yielded the percentage share of the Net Settlement Amount to be allocated to each policy, which was used to calculate your payment reflected above.

Any amount of the settlement which is unclaimed by a Class Member will be escheated to the State of California in the name of the Class Member who has not submitted a claim on the settlement.

Complete information about the settlement and its benefits, is available at www.omahalifeinsuranceclassaction.com.

In order for your claim to be considered, you must timely complete and submit this Claim Form. If the life insurance policy on which you are a beneficiary had multiple primary beneficiaries, then the payment reflected above reflects your share. For example, if a policy had two primary beneficiaries then the sum reflected above reflects your 50% share of the amount of the Net Settlement Fund allocated to your policy.

This Claim Form must be completed, and mailed or emailed to the Court-appointed Class Counsel postmarked before [REDACTED], 2022. Please type or legibly print all requested information below, in blue or black ink. Mail or E-Mail your completed Claim Form, including the required documentation of your identity and address (see below), to either of the following Class Counsel, or both:

Joseph M. Vanek
Sperling & Slater, P.C.
55 W. Monroe Street
Suite 3200
Chicago, IL 60603
jvanek@sperling-law.com
(312) 641-3200

Jason A. Zweig
Keller Postman LLC
150 N. Riverside Plaza
Suite 4100
Chicago, IL 60606
jaz@kellerpostman.com
(312) 741-5220

II. CLAIMANT INFORMATION

Class Counsel will use this information for all communications regarding this Claim Form and the Settlement. If this information changes prior to distribution of a cash payment, you must notify Class Counsel in writing at the address above. Failure to do so will delay payment of your settlement amount.

Policy Number[illegible]**Name of Policyholder****First Name:**[illegible]

MI:

1

Last Name:[illegible]

Relationship to Policyholder

[illegible]**First Name:**[illegible]

MI:

1

Last Name:[illegible]**Mailing Address, Line 1 (Street Address/P.O. Box):**[illegible]**Mailing Address, Line 2:**[illegible]

City:

[illegible]

State:

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ZIP Code:

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Country:

[illegible]**Email Address:**[illegible]**Telephone number:**[illegible]

In addition, you must (i) sign the attestation in Section IV of this Claim Form, and (ii) submit reasonable documentation (with this Claim Form) establishing both your identity and proof of address such as a driver's license, passport, tax bill, utility bill, or similar documents. If you do not submit such documentation or fail to sign the attestation, your claim will be denied and you will not receive a payment under the settlement.

III. PAYMENT

You will receive payment by check, which will be sent by regular mail to the address provided in this Claim Form. If your contact information, including your address, changes between the time you submit this Claim Form, and the time you receive a payment, it is your responsibility to provide Class Counsel with updated contact information. Failure to do so may result in your not receiving a settlement payment, with the settlement funds being sent to the State of California.

IV. ATTESTATION

First Name:

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MI:

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Last Name:

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I declare under penalty of perjury under the laws of my state of residence and of the United States of America that the foregoing is true and correct. I agree and consent to be communicated with electronically via email. I agree to furnish additional information regarding this claim submission if so requested to do so by Class Counsel. I also attest that I have not assigned my claim in this litigation or any interest I have in this litigation.

Executed on

Date:

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MM			DD			YYYY			

in

City:

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State:

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Signature

**PLEASE RETURN THIS COMPLETED AND SIGNED FORM WITH
DOCUMENTATION ESTABLISHING BOTH YOUR IDENTITY AND PROOF OF
ADDRESS SUCH AS A DRIVER'S LICENSE, PASSPORT, TAX BILL, UTILITY BILL,
OR SIMILAR DOCUMENTS**